CLAIMS ONLY

Application Number: 10501370

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
(1)	1					
2		1				
3		3				
4						
(5)	1	DX				
(6)	1					
7		4				
~~8~~						
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49						
50						
Total Indep	3					
Total Depend	15					
Total Claims	15					

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						